



VETERINARY MEDICAL BOARD
REGISTERED VETERINARY TECHNICIAN COMMITTEE
 1420 HOWE AVENUE, SUITE 6, SACRAMENTO, CA 95825-3228
 TELEPHONE: (916) 263-2610 / FAX: (916) 263-2621
 WEBSITE: <http://www.vmb.ca.gov>

**LICENSE RENEWAL APPLICATION****VMB USE ONLY**

Receipt #:

NAME _____ LICENSE NUMBER: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

YOU MUST INCLUDE THE ADDRESS WHERE YOU WOULD LIKE YOUR RENEWAL AND LICENSING INFORMATION SENT. THIS ADDRESS IS PUBLIC RECORD AND IS AVAILABLE VIA THE INTERNET.

Renewal Instructions

Fill in your name and current address above. Answer questions #1 and #2, sign #3, and ***return this form with your renewal payment to the address above.***

1. CONTINUING EDUCATION

Effective January 1, 2002, all veterinarians renewing their license must verify completion of 36 hours of approved continuing education. (check **ONLY** one)

ACTIVE

I have completed 36 hours of approved CE within the last two years or I am a licensee renewing my license for the first time.

INACTIVE

I have **not completed** the required hours of CE and/or please renew my license as an "inactive" status.

2. CONVICTION INFORMATION – Applicable for Active and Inactive License Renewal

Since you last renewed your license, have you been convicted or pled nolo contendere to a felony or misdemeanor, other than a minor traffic violation, or had any disciplinary action taken against you by any licensing/regulatory agency in this or any other state?

Yes

No

3. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE _____ Date _____

Renewal Fee: \$225**Delinquent Fee: \$25 (if 30 days or more past expiration date)**

Return this completed ***form and renewal fee*** to the address above.
 Please allow 10 working days for processing.